"BRING OUR YOUTH TO WORK DAY"

REGISTRATION FORM

SPONSOR INFORMATION SECTION

AGENCY/INSTITUTION	DIVISION/SECTION
FULL NAMELOCATION	WORK PHONE #
	SUPERVISOR
agencies, officers, and employees assume no liability agencies, officers and employees for any loss or dam	h I am sponsoring. I acknowledge that the State of Indiana, its for this youth. I will defend and indemnify the State of Indiana, its age, including attorneys' fees, resulting from the youth's participation and accurate health information on the youth I sponsor as well as
SPONSOR'S SIGNATURE	DATE/
PARTICIPANT INFORMATION SECTION	
FULL NAME	NICK NAME
ADDRESS (INCLUDE ZIP CODE)	
	OF SCHOOL GRADE
LIST ALL MEDICAL CONDITIONS FOR WHIC	CH THE YOUTH IS CURRENTLY BEING TREATED FOR
LIST ANY SPECIAL ACCOMODATIONS NEED	DED FOR THE YOUTH'S PARTICIPATION IN THIS PROJECT
PHYSICIAN'S NAME	DENTIST'S NAME
PHYSICIAN'S PHONE #	DENTIST'S PHONE #
PARENT/GUARDIAN INFORMATION SHEE	T (IF DIFFERENT FROM SPONSOR)
NAME OF PARENT/GUARDIAN	DAYTIME PHONE #
PLACE OF EMPLOYMENT	DIVISION/SECTION
ADDRESS	SUPERVISOR named above or I am the participant name above and am 18 years of
age. If the participant is a minor, I grant permission sponsoring my child, the sponsor has been advised o	for the child to participate in this program. If I am not the person fall information and directions pertinent to my child's care, including agree to hold harmless the State of Indiana, its agencies, officers, and
SIGNATURE	I, OR PARTICIPANT AGED 18 YEARS)
(PARENT, GUARDIAN	I, OR PARTICIPANT AGED 18 YEARS)